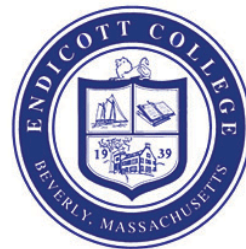




**JON L. JENMARC, INCORPORATED**  
 Consultants in Education  
 (V): 508.586.3574 (Fax): 508.586.6448  
**ENDICOTT COLLEGE**



**PROFESSIONAL DEVELOPMENT COURSE REGISTRATION FORM**

EMAIL REGISTRATION FORM TO: garcea@comcast.net or fax it to 508.586.6448 or mail it to:  
 Jon L. Jenmarc, Inc. P.O. Box 663 Brockton, MA 02303-0663

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ Date \_\_\_\_\_ Endicott ID# OR Social Security # \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Date of birth \_\_\_\_\_  
 Last First Initial/Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Citizenship:**  U. S. Citizen  Resident Alien  Citizen of \_\_\_\_\_

**Ethnic Origin (optional):**

Non-Resident Alien  Black, Non-Hispanic  American Indian/Alaskan Native  Other

Asian/Pacific Islander  Hispanic  White, Non-Hispanic Explain \_\_\_\_\_

\* These questions are being asked to furnish statistics, as required by the Department of Education

**I am registering for:**  Credit  Non-credit  
 I am a new student.  I have enrolled previously. Last date of attendance \_\_\_\_\_

**Endicott College does not discriminate on the basis of race, creed, national or ethnic origin, or disability in the administration of its education policies, admissions, scholarship and loan programs, employment, or any other rights, privileges or activities involving its students, faculty or staff. The School of Graduate and Professional Studies reserves the right to make changes affecting policies, courses, instructors or other changes deemed necessary.**

| Course # | Sect. | Course Title | Cr. | Start Date | Course Fee |
|----------|-------|--------------|-----|------------|------------|
|          |       |              |     |            |            |
|          |       |              |     |            |            |
|          |       |              |     |            |            |
|          |       |              |     |            |            |
|          |       |              |     |            |            |
|          |       |              |     |            |            |

**Total Course Fees:** \_\_\_\_\_  
 \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

**Please make check payable to: Jon L. Jenmarc, Educ Consultants**

|  |                       |
|--|-----------------------|
| <b>ALL FEES ARE DUE AT THE TIME OF REGISTRATION.</b> |                       |
| Date paid _____                                      | Amount paid _____     |
| Card number _____                                    | Expiration date _____ |
| Cardholder's name _____                              | Signature _____       |
| Cardholder's billing address _____                   | _____                 |